



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Kendall et al.		
Serial No.:	10/022,939	Case No:	19963YDB
Filed:	12/18/2001		
For:	<i>HUMAN RECEPTOR TYROSINE KINASE KDR</i>		

Art Unit:
1646
Examiner:
C. M. Kaufman

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Notice of Non-Compliant Amendment mailed March 1, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks/Arguments begin on page 16 of this paper.

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450, ON THE DATE APPEARING BELOW.

MERCK & CO., INC.

BY: Kathy Krause DATE: 3/30/04



Image

1646

PATENT
CASE NO. 19963YDB

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: KENDALL ET AL.
Serial No. 10/022,939
Filed December 18, 2001
Group Art Unit 1646
Examiner C. M. Kaufman
For: HUMAN-RECEPTOR TYROSINE KINASE KDR

Handwritten note:
This application did not contain a fee for this amendment.

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>9</u>	-	** <u>27</u> =	<u>0</u> X	\$18	= <u>0.00</u>
Independent Claims	* <u>4</u>	-	*** <u>8</u> =	<u>0</u> X	\$86	= <u>0.00</u>
Multiple Dependent Claims					\$290 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

By Kathy Kray Date 3/30/04
MERCK & CO., INC.

Respectfully,

Yang Xu
By: Yang Xu, Ph.D.

Attorney for Applicant(s)

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Date: March 30, 2004

IN DUPLICATE